Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

A This return/report is or: a single-employer plan a multiple-employer plan (not multienple)eye (Plens checking this box must attach a list of participating employer information in accordance with the form instructions.) This return/report is a cinceparticipant plan a trotgin a trotgin plan a tro	Part I	_	Identification Information										
A This return/report is for: a one-participant plan a foreign plan a foreign plan a foreign plan a foreign plan B This return/report an amended return/report a short plan year return/report	For calend	dar plan year 2017 or fi	scal plan year beginning 01/01/2	2017		and ending 12	2/31/2	017					
B This return/report is the first return/report return/report the first return/report return/rep	A This re	eturn/report is for:	x a single-employer plan					-					
The first return/report The first return/r			a one-participant plan	a foreign plan									
C Check box if filing under:	B This ret	turn/report is	X the first return/report	the	final return/report								
Part II Basic Plan Information—enter all requested information Tal Name of plan This STATE SEWER & DRAIN 401(K) PLAN 10 Three-digit plan number (PN) 001			an amended return/report	a s	hort plan year return	/report (less than 12 m	onths)					
Part II Basic Plan Information—enter all requested information 1a Name of plan 1a Name of pla	C Check	box if filing under:	X Form 5558	au	tomatic extension		DF	VC program					
TRI STATE SEWER & DRAIN 401(K) PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRI STATE SEWER & DRAIN, INC. 276 Employer Identification Number (EIN) 27-073199 2c Sponsor's telephone number 718-78-3-1000 2d Business code (see instructions) 238220 2d Business code (see instructions) 238220 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 718-78-3-1000 2d Business code (see instructions) 238220 3b Administrator's telephone number 718-78-3-1000 2d Business code (see instructions) 238220 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 3 Sponsor's name c Plan Name 5a 1 b Total number of participants at the beginning of the plan year. 5b 12 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c 2 c Unumber of participants with account balances as of the end of the plan year. 5d(1) Total number of active participants at the beginning of the plan year. 5c 2 caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filling of this return/report, including, if applicable, a Schedule Bord of the definition of this return/report, including, if applicable, a Schedule Bord of the glan administrator bates of pala administrator balances and the bast of plan administrator.			special extension (enter descri	ription)									
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Plan number (PN) 001 1c Effective date of plan 010/10/2017 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or fown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRI STATE SEWER & DRAIN, INC.	1a Name						1b	Three-digit					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRI STATE SEWER & DRAIN, INC. 1287 ATLANTIC AVENUE BROOKLYN, NY 11216 3a Plan administrator's name and address Same as Plan Sponsor. 2d Business code (see instructions) 238220 3b Administrator's telephone number 718-783-1000 2d Business code (see instructions) 238220 3d Administrator's telephone number 718-783-1000 4d If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. A Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year 5b Total number of participants at the end of the plan year 5c Number of participants at the end of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the end of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the end of the plan year 6d(2) Total number of active participants at the end of the plan year 6d(2) Total number of active participants at the end of the plan year 6d(3) Total number of active participants at the end of the plan year 6d(3) Total number of active participants at the end of the plan year 6d(3) Total number of active participants at the end of the plan year 6d(3) Total number of active participants at the end of the plan year 6d(4) Total number of active participants at the end of the plan year 6d(4) Total number of active participants at the end of the plan year 6d(4) Total number of active participants a		•	(K) PLAN					plan number	001				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) TRI STATE SEWER & DRAIN, INC. 22 Sponsor's telephone number 718-783-1000 24 Business code (see instructions) 25 Business code (see instructions) 26 Business code (see instructions) 278-783-1000 278-783-1000 289-78-783-1000 299-78-78-783-1000 200 201 201 202 203 203 203							1c	` '					
Mailing address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRI STATE SEWER & DRAIN, INC. 20 Sponsor's telephone number 718-733-1000 2d Business code (see instructions) 238220 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 3c Administrator's telephone number 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year. 5b 12 Number of participants with account balances as of the end of the plan year. 5c Number of participants with account balances as of the end of the plan year. 5d(1) 1 total number of participants at the beginning of the plan year. 5d(2) 12 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties est forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and bellef, it is true, correct, and complete. Signature of plan administrator Date Enter name of individual signing as plan administrator									•				
City of town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRI STATE SEWER & DRAIN, INC. 2c Sponsor's telephone number 718-783-1000 2d Business code (see instructions) 238220 3a Plan administrator's name and address				O. Box)			2b						
1287 ATLANTIC AVENUE BROOKLYN, NY 11216 238220 238220					(if foreign, see instru	uctions)	20	,					
3a Plan administrator's name and address ⊠ Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year. 5b 12 c Number of participants at the end of the plan year. 5b 12 c Number of participants at the beginning of the plan year. 5c Sold 1 1 1 1 1 1 1 1 1	TRI STATE	SEWER & DRAIN, INC) .				2C						
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 3 Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year	DROOKETI	N, INT 11210											
4b EIN 4d PN 5a Total number of participants at the beginning of the plan year	3a Plan a	administrator's name ar	nd address X Same as Plan Spor	nsor.			3b Administrator's EIN						
4b EIN 4d PN 5a Total number of participants at the beginning of the plan year			_				20	A desired and a desired	alambaaa ay ay ah				
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year							30	Administrator's	elephone number				
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5a Total number of participants at the beginning of the plan year			nisor s name, Lin, the plan hame a	and the	pian number nom m	e last return/report.	4d PN						
b Total number of participants at the end of the plan year	C Plan N	Name											
b Total number of participants at the end of the plan year							_						
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). d(1) Total number of active participants at the beginning of the plan year	_												
d(1) Total number of active participants at the beginning of the plan year													
d(2) Total number of active participants at the end of the plan year						-			2				
Provided the second straight of the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 Enternational Section of this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator	d(1) To	tal number of active pa	rticipants at the beginning of the pl	lan year					1				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator							5d	(2)	12				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. Date Date Enter name of individual signing as plan administrator	than	100% vested							0				
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. Date Date Enter name of individual signing as plan administrator SIGN HERE													
SIGN HERE Filed with authorized/valid electronic signature. O8/28/2018 JOEL KOHN Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE	SB or Sch	edule MB completed a	nd signed by an enrolled actuary, a										
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF					08/28/2018	JOEL KOHN							
SIGN HERE	HERE	Signature of plan a	dministrator		Date	Enter name of individ	ual si	gning as plan adr	ministrator				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor													
	HERE	Signature of employer/plan sponsor Date Enter name of individual signing						gning as employe	g as employer or plan sponsor				

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_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Ye	s No	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Ye	s No
	If you answered "No" to either line 6a or line 6b, the plan cann							<u>—</u>	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes N	o Not det	termined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	premium filing for this p	lan yea	r			(See instr	uctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Year	
a	Total plan assets	. 7a		0				42465	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		0				42465	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(i) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		6465					
	(2) Participants	8a(2)	;	36000					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						42465	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						42465	
<u>j</u> _	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 2R 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in the in	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction			· ·			
h	Program)			10a		X	 		
	reported on line 10a.)			10b		X			
С				10c	X			10	000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g		-		10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	. Y	es No		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of			es X No		
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver						
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year	12b					
С	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A		
Part '	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to					
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Repo	rt Identification Information				
For calend	ar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/201	.7
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) (F mployer information in ac		
		a one-participant plan	a foreign plan			
B This ret	urn/report is	x the first return/report	the final return/report			,
		an amended return/report		ırn/report (less than 12 mo	onths)	
200		an amended return/report	_ a short plan year rett	im/report (iess than 12 me	_	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	
		special extension (enter des	cription)			
Part II	Basic Plan In	formation—enter all requested i	nformation			
1a Name	of plan				1b Three-digit	0.01
ri Sta	te Sewer & D	rain 401(k) Plan			plan number (PN) ▶	001
					1c Effective date	of plan
					01/01/201	
		ployer, if for a single-employer plan			2b Employer Ide	
		oom, apt., suite no. and street, or P. ince, country, and ZIP or foreign po		structions)	(EIN) 27-07	
	ate Sewer &		otal oodo (ii ioloigii, ooo iii	,	2c Sponsor's tel 718-783-1	
						e (see instructions)
1287 A	tlantic Aven	ue			238220	e (ace mandations)
Brookl		NY 11216 and address X Same as Plan Sp			3b Administrator	
					2	
					3c Administrator	's telephone number
4 If the	name and/or FIN of	the plan sponsor or the plan name	has changed since the last	return/report filed for	4b EIN	
		ponsor's name, EIN, the plan name			46 LIN	
a Spons	sor's name				4d PN	
c Plan I	Name					
F					5a	1
		nts at the beginning of the plan year				1
		nts at the end of the plan year			5b	12
		ith account balances as of the end			5c	2
		participants at the beginning of the		and the second s	5d(1)	1
		participants at the end of the plan	2011 2011 2011	and the second s	5d(2)	12
' '		ho terminated employment during t				
than	100% vested				5e	(
Under per	A penalty for the la nalties of perjury and	te or incomplete filing of this retuil other penalties set forth in the instr	<pre>Irn/report will be assesse Tuctions, I declare that I have</pre>	d unless reasonable car re examined this return/re	use is established.	plicable, a Schedule
SB or Sch	edule MB completed	d and signed by an enrolled actuary				
	true, correct, and co	ompiete.	0/10/18	Joel Kohn		
SIGN HERE	/ -	REALINAMENT POLICE CONTRACTOR MANAGEMENT CONTRACTOR CON	8/28(18			
	Signature of pla	n administrator	Date	Enter name of individ	ual signing as plan	administrator
SIGN HERE						
r Harth	Signature of em	plover/plan sponsor	Date	Enter name of individ	ual signing as empl	over or plan sponsor

			2	
Pа	a	е	4	

X Yes No

b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lifyou answered "No" to either line 6a or line 6b, the plan cannot be a continuous conti	an indepen and conditi ot use For	dent qualified public acons.) ons.) m 5500-SF and must	instea	int (IQI	PA) Form 5	X Ye	es No
С	If the plan is a defined benefit plan, is it covered under the PBGC in							etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pr	emium filing for this pla	an year			(See inst	ructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Year	
a	Total plan assets	7a			0			42,465
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c			0			42,465
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		6,4				,
	(2) Participants	8a(2)		36,0	000			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				4144544444		42,465
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						42,465
J	Transfers to (from) the plan (see instructions)	8j						
	rt IV Plan Characteristics			1.				
9a	2A 2E 2J 2K 2F 2G 2R 3D	11.71.111.11						
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plar	n Chara	cterist	ic Code	es in the instructions:	
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
8	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Nergram)	Voluntary F	iduciary Correction	10a		Х		,
ŀ	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		Х		
	Was the plan covered by a fidelity bond?			10c	Х			10,000
-	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
•	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х		
_	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g		Х		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		
	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10			10i				

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)			Yes	s No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			Yes	S X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter t Day		f the letter ru Year	uling
If :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)				
	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)